



DEPARTMENT OF PLANNING & BUILDING
BUILDING DIVISION
276 Fourth Avenue Chula Vista CA 91910
619-691-5272 619-409-5428 FAX

RESIDENTIAL ADDITION • REMODEL PATIO • WALL/FENCE • POOL WORKSHEET

FORM 4562

MINIMUM PLAN SUBMITTAL REQUIREMENTS

(GRAY AREAS FOR OFFICE USE ONLY.)

RESIDENTIAL ADDITION • RESIDENTIAL REMODEL

☐ Three complete sets of fully dimensioned, drawn to scale plans which include all of the following:

☐ Title Sheet
☐ Plot/Site Plan

☐ Foundation Plan
☐ Floor Plan

☐ Elevations
☐ Cross Sections

☐ Roof Plan
☐ Structural framing plans & details

☐ Two sets of Title 24 Energy compliance documentation
(Certificates to be copied onto actual plan sheets)
☐ Two copies of soils report or Soils Waiver Form 4597

☐ Two copies of single line diagram (services over 200 amps)
☐ Two copies of structural calculations (non-conventional framing)
☐ Two copies of engineered truss details (if roof/floor trusses are used)

PATIO COVER • PATIO ENCLOSURE • BALCONY • DECK • CARPORT • SHED

☐ Three copies of Plot/Site plan
☐ Two copies of roof, floor, framing, foundation plans & structural details **OR**; two copies of City of Chula Vista standard drawings

MASONRY WALL • RETAINING WALL • FENCE

☐ Three copies of Plot/Site plan
☐ Two copies of structural sections, details/calculations, and foundation details **--OR--**
☐ Two sets of engineering plans (wet ink signature **--OR--** letter from Engineer)

THEME WALLS IN PLANNED COMMUNITIES

☐ Masonry Wall Worksheet
☐ Four copies of Plot/Site plan
☐ Two copies of structural sections, details/calculations, and foundation details (show interior property line placement) **--OR--**
☐ Three sets of engineering plans (wet ink signature **--OR--** letter from Engineer)

POOL/SPA

☐ Three copies of Plot/Site plan (show distances from edge of pool/spa to buildings and slopes)
☐ Two sets of engineering plans (wet ink signature **--OR--** letter from Engineer).

Site Address:				Parcel #:			
Applicant Name:				<input type="checkbox"/> Agent for Owner		<input type="checkbox"/> Agent for Contractor	
Address:		City:		State:		Zip Code:	
Phone #:		Fax #:		E-mail:			
Owner:				Phone:			
Address		City:		State:		Zip Code:	
Contractor:				Phone:		Fax #:	
Address:		City:		State:		Zip Code:	
Chula Vista Business License #:		State Contractor's License #:		Class:		Expires:	
RESIDENTIAL ADDITION • RESIDENTIAL REMODEL				Activity #:			
Type of Addition/Description of Work				Addition Square Footage		2nd Story	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
PATIO COVER • CARPORT • DECK • SHED • BALCONY				Activity #:			
Patio Cover		Deck		Balcony		Sq Footage	
						City Stnd	
Patio Enclosure		Shed		Carport			
						<input type="checkbox"/> Y <input type="checkbox"/> N	
MASONRY WALL • RETAINING WALL • FENCE				Activity #:			
Masonry Wall sq ft		City Stnd		Retaining Wall sq ft		City Stnd	
		<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Type of Fence				Fence sq ft			

POOL/SPA		Activity #:	
Type of Construction	Pool sq ft	Solar Heater	Spa
<input type="checkbox"/> Gunit <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
WORK NOT LISTED ABOVE:			

Applicant/Agent

Development Services Technician

Date